Existing 401(k) Plan
Review and Redesign

PensionSite.Org
P.O. Box 1869
Winter Park, FL 32790-1869
Phone: 888-412-4120
Fax: 321-397-0409
Email: Bill@PensionSite.Org
www.PensionSite.Org
Is your client happy with their existing 401(k) plan? Let us review the plan to see if it can be improved upon.

Gather the following information from your client:

- **Employee Census** – the form is attached and also available on our website www.pensionsite.org.
- A copy of the **Adoption Agreement** for the current plan.
- A copy of the most recent **Allocation Report**.
- A copy of the **Summary Plan Description** (SPD), if available.

Once you have the information, send it to us for review, evaluation and redesign.
1. Legal Name of Firm _________________________________________________________
   Address __________________________________________________________________
   City ______________________ State ________________ Zip ____________________
   Phone: Area Code ________ Number ___________________

2. Business Form:  ☐ Corporation  ☐ Partnership  ☐ Sole Proprietorship
                   ☐ File as Sub Chapter “S” Corporation  ☐  Yes  ☐ No
3. Date of Incorporation _______________________ Fiscal Year Ends _______________
4. Employee Breakdown (Number)
   Salaried Employees __________________________
   Hourly Employees __________________________  _____Union _____Non-Union
   Total Employees __________________________

5. Corporate profit before Federal Income Tax for past two years:
   20____ $____________________        20____ $____________________

6. Is Corporation contributing for employees to any deferred compensation plan now in
   operation?  ☐ Yes  ☐ No  If yes, please complete the following:
   Amount of  Voluntary  Total Trust Asset Value
   Last Annual Deposit Contributions As of _____________
   Pension $_____________ $___________  $_____________
   Profit Sharing $___________ $___________  $___________

7. Are you contributing to Union Pension?  ☐ Yes  ☐ No

8. Does this Firm itself, or any Stockholder, own at least 50% of any other Corporation,
   Partnership, or Proprietorship?  ☐ Yes  ☐ No

9. Special Instructions _______________________________________________________
# EMPLOYEE DATA

Name of Employer

Date

<table>
<thead>
<tr>
<th>Employee's Name (Full Name)</th>
<th>Sex</th>
<th>Date of Birth Mo. Day Yr.</th>
<th>Emplo Date Mo. Day Yr.</th>
<th>Job Title</th>
<th>Annual Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>